State of Maryland Department of Budget and Management Office of Human Resources 301 West Preston Street Baltimore, Maryland 21201

NOTICE OF DISCIPLINARY ACTION

| To Employee: | You or your representative may appeal this or your department (if your agency is not heade made to the agency head). The appeal must days after your receipt of this written notice. | disciplinary action to the Cabinet Secretary of the day a Cabinet Secretary, appeal must be to be in writing and filed within 15 calendar |
|-----------------|--|---|
| To Agency: | COMPLETE IN DUPLICATE. Give one copy to the employee; and retain one copy for your files. | |
| | FOR ACTIONS MARKED WITH AN ASTER form with a copy of this notice to the Depa Office of Human Resources, Personnel Tr | artment of Budget and Management's |
| Name of Employ | vee Classification | Social Security No. |
| Check appropria | ate box and complete: | |
| is reprimar | nded. | |
| * forfeits | Annual Leave days. | |
| | ded without pay for work days from | through |
| | an annual pay increase effective | |
| | d to at | |
| _ | (Classification) | (Salary Level) |
| is placed o | on emergency suspension effective | through |
| DATE OF INCIDE | ENT WHICH PROMPTS THIS DISCIPLINE: | |
| DATE WHEN INC | CIDENT WAS DISCUSSED WITH THE EMPLO | OYEE: |
| REASON FOR D | ISCIPLINE: (Explain in full) | |
| | | |
| Conu to Employe | ٠. | |
| Copy to Employe | e:(Date) | |
| (Date) | (Name of Department) | (Name and Signature of Appointing Authority) |
| MS-4A (Revised | 11/96) | |